

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18328

FILED JUN 20 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>515</u>	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>SPRINGFIELD</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>634 S. JEFFERSON</b>				e. STREET ADDRESS (If rural, give location) <b>634 S. JEFFERSON</b> <u>0396</u>			
3. NAME OF DECEASED (Type or Print) <b>CASSIE</b>		a. (First) <b>G.</b>		b. (Middle) <b>RIMBEY</b>		c. (Last) <b>RIMBEY</b>	
4. DATE OF DEATH <b>JUNE 14, 1955</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	
8. DATE OF BIRTH <b>JAN. 27, 1880</b>		9. AGE (in years last birthday) <b>75</b>		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 14 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>IN HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>WILLIAM CLIFFORD</b>		13b. MOTHER'S MAIDEN NAME <b>MARGURITE PICARD</b>		14. NAME OF HUSBAND OR WIFE <b>WIDOW</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>PAUL RIMBEY</b> ADDRESS <b>SPRINGFIELD, MISSOURI</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chc Arterio Valvular Disease</b> <u>yes</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH _____							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>1211</u>				20. AUTOPSY? -YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6-6</u> , 19 <u>53</u> , to <u>6-14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>55</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Williams, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>6-14-55</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-16-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HAZELWOOD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
DATE REC'D BY LOCAL REG. <u>6-16-55</u>		REGISTRAR'S SIGNATURE <u>John W. Williams</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Williams &amp; Co</u>		ADDRESS <b>SPRINGFIELD, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side) 128

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4176

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.